



STATE OF INDIANA  
DEPARTMENT OF INSURANCE

State Form 6130(R10/2007)  
Approved by the State Board of Accounts 1997

Initials \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

ROC: \_\_\_\_\_

For Department Use Only

INDIANA FEE AND RETALIATORY FEE STATEMENT  
YEAR ENDING December 31, \_\_\_\_\_

Instructions:

1. Complete the worksheet. Be certain to complete 'State of Domicile Basis' column.
2. Send an individual check and statement for each company; do not send a group check.
3. Mail the form with remittance separately; do not include with Annual Statement or other correspondence.
4. Payments are due annually, to be received on or before March 1<sup>st</sup>, at the address shown on page 2.
5. Do not include this filing with the Insurance Tax Return; filings must remain separate.

EIN No. \_\_\_\_\_ State of Domicile \_\_\_\_\_ NAIC No. (5 digit) \_\_\_\_\_

Name of Company \_\_\_\_\_

Type of Company: L&H P&C Title Fraternal HMO LSHMO Farm Mutual Other \_\_\_\_\_  
(circle one)

**Annual Fees (Retaliatory Basis)**

Indiana  
Basis

State of  
Domicile Basis

1. Filing of Annual Statement or Consolidated Statement  
(Enter amount from applicable company type below) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Farm Mutual, L&H, P&C, Reciprocal and Risk Retention Group  
IC 27-1-3-15(a); \$100

Fraternal  
IC 27-11-8-2; \$25

HMO & LSHMO  
IC 27-13-27-1(a); IC 27-13-34-23(a); \$50

Title  
IC 27-7-3-15; \$20

2. Renewal of Certificate of Authority  
Farm Mutual IC 27-5.1-2-15, \$50; Fraternal IC 27-11-8-3, \$25;  
All other Insurers IC 27-1-3-15, IC 27-13-27-2, IC 27-13-34-23, \$50;  
Title IC 27-7-3-15, \$5 \_\_\_\_\_

3. Examining Statement of Condition  
(Foreign only: Life, Life & Health and P&C)  
IC 27-1-3-15(a); IC 27-1-18-5, \$5 \_\_\_\_\_

4. Internal Audit Fee – All Companies licensed to do business  
in the State of Indiana **must pay (a) or (b)**.

a. Internal Audit Fee – Foreign & Domestic, Life & Health,  
HMO, LSHMO, Property & Casualty, Reciprocal, RRG and Title  
IC 27-1-3-15(d); \$1,000 \_\_\_\_\_

b. Internal Audit Fee – Farm Mutual & Fraternal  
IC 27-1-3-15(d); \$250 \_\_\_\_\_

- |  | Indiana<br>Basis | State of<br>Domicile Basis |
|--|------------------|----------------------------|
| 5. Other Fees (State of Domicile)<br>Please list: _____  | <u>XXXXXXXX</u>  | _____                      |
| _____  | <u>XXXXXXXX</u>  | _____                      |
| _____  | <u>XXXXXXXX</u>  | _____                      |
| 6. Total Fees (Add lines 1 through 5 in each column)   | \$_____          | \$_____                    |
| 7. Compare Totals from Line 6 and <b>enter the larger amount</b> from either<br>the Indiana or State of Domicile Basis column as Total Remittance Due----->\$_____ |                  |                            |

Please make check payable to: **Indiana Department of Insurance**

Mail check and Statement to: **Indiana Department of Insurance**  
**Bank Lockbox**  
**P. O. Box 636**  
**Indianapolis, IN 46206-0636**

Name of Contact Person/Title\_\_\_\_\_

Contact Address\_\_\_\_\_

Contact Telephone Number\_\_\_\_\_ Contact email address\_\_\_\_\_ Fax\_\_\_\_\_

The undersigned treasurer of \_\_\_\_\_ (Name of Company) being duly sworn upon  
his/her oath says that this return (including any accompanying schedules and statement) is, to the best of his/her knowledge,  
a true, correct and complete statement of the information called for, and the proper care has been exercised in the  
preparation of this statement.

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Printed or typed name of Treasurer

\_\_\_\_\_  
Date Signed